PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10085658

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)								TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			53					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			53 minus 20=		* 33			X\$ 9= (297,9	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = 1		* 0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ero, enter "0" in column 2			U	TOTAL	5667.	OR	TOTAL	
	C					OTHER						
(Column 1) (Column 2) (Column 3)								SMALL	YTITM	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	T CL AIM	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NIATION OF MI	JLI IPLE DEF	ENDEN	CLAIN			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL	
										Jort	ADDIT. FEE	
<u></u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									1		
AWENDWENT B		REMAINING AFTER AMENDMENT	ng.	NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
rest available copy								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	, 1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
BE	Independent	*	Minus	***		=		X42=	(===)		X84=	
4	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM			742-		OR	7042	
	# If the patricip calcium 4 is less than the optic in calcium 0 with "0" in calcium 0									OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Il list part Number Previously Paid For" (Total or Independent) in the highest number found in the appropriate box in column 1.											